



Healthy Connections, Inc. Patient Portal Authorization Form

Patient Name (please print clearly): _____ DOB: _____

Personal Email Address (please print clearly): _____

Note: We suggest you use a personal email.

Purpose of this Form:

The patient portal is designed to enhance secure patient-physician communications and is provided as a courtesy to our valued patients. Please read this form thoroughly before signing. Do not use the patient portal to communicate an emergency.

How the Patient Portal Works:

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information or attachments. Secure messages and information can only be read by someone who knows the right password to log into the portal site. Once you are logged into the portal you will have access to only your records or those of whom you are legally responsible.

Via the Patient Portal you will be able to:

- Use the message function to communicate with our staff about non-urgent needs
- View of laboratory & diagnostic results
- View medication list and treatment history
- View or print health summary information and send staff requests to update information
- Update your demographic data
- View demographic/insurance information and send staff requests to update information
- Print or save an electronic copy of the health summary
- View or print immunization record
- View upcoming scheduled appointments & request appointments
- e-mail reminder of upcoming scheduled appointments
- Communicate about billing questions
- Request referrals

Response time:

- We will respond to non-urgent portal inquiries within 24 hours, except holidays

The Patient Portal is NOT intended for the following:

- **NO** diagnosis or treatment is offered by portal email. Diagnosis can only be made and treatment rendered after the patient schedules and is SEEN (face-to-face encounter) by the physician
- **NO** emergent communications or services. Go to the nearest emergency room or dial 911
- **NO** request for narcotic pain medication will be accepted

If there is persistent abuse or negligence with the use of the patient portal, we reserve the right at our own discretion to terminate offering patient portal, suspend user account, or modify services offered through the patient portal.

Protecting Your Private Health Information and Risks:

This method of communicating and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secure depends on two important factors, we need you to make sure we have your correct email address and you must inform us if it ever changes. We strongly suggest that you use a personal email account rather than a work email address. You need to keep unauthorized persons from learning your password. If you think someone has learned your password, you should promptly change it via the patient portal. We understand the importance of privacy with regard to your health care and will continue to protect the privacy of you medical information. Our use and disclosure of medical information is described in our Notice of Privacy Policy.

How to Participate in the Patient Portal:

- Once this form is agreed to and signed, you will receive a user name and password via your personal email account.
- You will be able to log in using the username and password provided.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of patient portal and agree that I understand the risks associated with online communication between my Provider and patient, and consent to the conditions outlined herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Healthy Connections should I decide against using the patient portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my Provider may impose for the online communications. I have been proactive about asking questions related to this consent agreement. All of my questions have been answered with clarity.

To receive a username and password, sign below and return to our receptionist.

Confidential email: _____

(The information and link for user access will go to this address; call us with changes)

Patient Name: _____ Date: _____

Guarantor's Signature: _____ Date: _____

I appoint the following individual(s) to act as my representative with whom my health information may be disclosed.

Name: _____ Relationship: _____

Signature: _____

Date: _____

This consent is valid for 1 year from the date it is signed. Your access needs to be renewed yearly.

For Office Use Only:

I have authenticated the identity of the person named on this form:

Employee Signature: _____ Date: _____

- Picture ID
- Person known to me
- Other _____